

ADULT SPORTS BASKETBALL ROSTER

Team Name: _____ Season: _____ League/Night: _____ Year: _____

Manager: _____ Address: _____
Street City Zip

Home/Cell Phone: () _____ Work Phone: () _____ Email: _____

I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury. Yes No

I further agree to pay any and all costs incurred as a result of said treatment Yes No

I permit the use of activity/event photography and/or video of my child or myself for media promotion Yes No

I agree to waive and release the City of Lake Forest (City), its officers, agents, employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in the City's programs or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the City from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of City or its employees.

I HAVE READ AND UNDERSTAND THIS RELEASE FORM LIABILITY.

Signature _____ Date _____

Player's Name	Signature	Home Address/City	Zip	Home Phone	Work Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

CITY OF LAKE FOREST
DECEMBER 20, 1991